

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

IN THE UNITED STATES DISTRICT COURT  
FOR THE \_\_\_\_\_ DISTRICT OF TEXAS  
\_\_\_\_\_ DIVISION

James D. Williams #2168331

Plaintiff's Name and ID Number  
Beto Unit, 1391 FM 3328

Tennessee Colony, Texas 75880

Place of Confinement

AUG 22 2024  
CLERK, U.S. DISTRICT COURT  
TEXAS EASTERN

CASE NO. 624CV303

(Clerk will assign the number)

JCB JDL

v.  
Ezenwanyi Onwuchekwa, in her Individual and Official Capacity  
Beto Unit, 1391 FM 3328, Tennessee Colony, Texas 75880

Defendant's Name and Address  
Mary Gorter, in her Individual and Official capacity  
Beto Unit, 1391 FM 3328, Tennessee Colony, Texas 75880

Defendant's Name and Address  
Nurse Dorety, R.N., in her individual and Official capacity  
Beto Unit, 1391 FM 3328, Tennessee Colony, Texas 75880

Defendant's Name and Address  
(DO NOT USE "ET AL.")

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**INSTRUCTIONS - READ CAREFULLY**

**NOTICE:**

**Your complaint is subject to dismissal unless it conforms to these instructions and this form.**

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

**FILING FEE AND *IN FORMA PAUPERIS* (IFP)**

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.

2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.

3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)

4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

**CHANGE OF ADDRESS**

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

**I. PREVIOUS LAWSUITS:**

A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? XXYES ~~WWNO~~

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: 2002, not sure the month or day

2. Parties to previous lawsuit:

Plaintiff(s) James D. Williams

Defendant(s) Dr. Ken Kuykendall

3. Court: (If federal, name the district; if state, name the county.) Eastern District, Texas

4. Cause number: Do not have records, it has been many years

5. Name of judge to whom case was assigned: Honorable Judith Guthrie

6. Disposition: (Was the case dismissed, appealed, still pending?) Dismissed, want of pros.

7. Approximate date of disposition: March 2005

II. PLACE OF PRESENT CONFINEMENT: Beto Unit, Tennessee Colony, Texas

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? XX YES      NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: James D. Williams #2168331  
Beto Unit, 1391 FM 3328

Tennessee Colony, Texas 75880

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.  
In Her Individual and Official Capacity

Defendant #1: Ezenwanyi Onwuchekwa, A.P.R.N., FNP, Provider-Medical

Beto Unit, 1391 FM 3328, Tennessee Colony, Texas 75880

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.  
Violated 8th and 14th ammendment rights to the U.S. Constitution  
Denied serious medical needs, Deliberate Indifference, ADA violation  
Cruel and unusual Punishment, endangerment to my health

Defendant #2: Mary Gorter, Medical Practice Manager, Official & Individually

Beto Unit 1391 FM 3328, Tennessee Colony, Texas 75880

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.  
Retaliation, Deliberate Indifference, Obstruction of healthcare  
Obstruction of vitally needed healthcare.

In her Official and Individual Capacity

Defendant #3: Nurse Dorety, Registered Nurse, Shift Supervisor

Beto Unit 1391 FM 3328, Tennessee Colony, Texas 75880

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.  
Violated the ADA rights of mine, 8th and 14th ammendment Constitution  
Retaliation, Deliberate Indifference, Cruel and Unusual Punishment  
Obstruction of vital healthcare Causing serious complications

Defendant #4: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

## V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

See Attached Pages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

See Attached Page \_\_\_\_\_

\_\_\_\_\_

## VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.  
James Dale Williams \_\_\_\_\_

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

2168331, 556322 \_\_\_\_\_

## VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? \_\_\_\_ YES XXX NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): \_\_\_\_\_

2. Case number: \_\_\_\_\_

3. Approximate date sanctions were imposed: \_\_\_\_\_

4. Have the sanctions been lifted or otherwise satisfied? \_\_\_\_ YES \_\_\_\_ NO

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## STATEMENT OF CLAIM:

On 6-3-24, Ezenwanyi Onwuchekwa was deliberately indifferent by denying me serious medical needs which resulted in over 6 weeks of pain and suffering and Cruel & Unusual Punishment resulting from an office visit. She intentionally committed these following acts out of hate, inexperience and her racial views. She discontinued vital medical supplies, the majority of what I had been prescribed since 1998 which caused major complications and the inability to drain my bladder. These supplies had also been represcribed to me over the past 6 and a half years while in TDCJ by several different doctors and provider on about 12 different facilities. The first time I was diagnosed with a Neurogenic Bladder was under TDCJ #556322 in 1998 and was diagnosed at hospital Galveston by a specialist in Urology. I have since been ordered by even my freeworld Urologist that I am in need of catheterizing myself 4 times per day, minimum. The above mentioned provider discontinued 3 out of 4 catheters per day leaving me unable to fully urinate or drain my bladder which left me in excruciating pain for over 6 weeks leaving me unable to get much of any sleep and hindered the ability to walk to chow or showers or medical appointments. I had to finally go as far as dehydrating myself by drinking very little water and in this heat it was very dangerous just to keep from having my bladder full. I was only able to catheterize myself 1 time per day instead of the required 4 with this provider's prescription. It is also said that I walked out of the appointment on 6-3-24 without the provider being able to examine me for having a neurogenic bladder but this is smoke and mirrors because she knows she made a grave mistake in what she did and the provider directly told me that there was nothing else she could do for me, so I left. I have had this neurogenic bladder since 1998 due to nerve damage from a serious lumbar spine injury that effected the nerves that control my bladder, and the release of the urine. This provider is a simple Physician's Assistant, is not trained in the field or urology and there is not the equipments or machines available on the Beto unit to run tests to determine if I have a neurogenic bladder or not or how many times I am required to catheterize myself, or my needs for other medical supplies that go with catheters. This determination can not be done by a simple office exam and I have a doctor on board that will testify to this fact, or this provider can prove me wrong. Which she can not. I am furthermore only able to use my BIPAP/CPAP machine for me severe sleep Apnea half the time because this same provider cut my distilled water from one gallon per week down to one gallon every two weeks. The high volume setting on my machine uses more water than a CPAP machine because its a BIPAP machine. It is seriously dangerous to sleep without it in my condition and I am having serious breathing problems during the day and have passed out sitting up from lack of sound sleep and needed oxygen at night. I also have a Single Level Facility restriction and am medically ordered to only be housed on a single level unit but Beto is a multi-level facility and this provider said she would have me transferred to a single level facility because all the educational classes are located upstairs and I can't go. She did not transfer me and this is an ADA discrimination violation. She also Violated me 8th and 14th ammendment rights to the U.S. Constitution



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STATEMENT OF CLAIM:

On or about 8-14-24, Mary Gorter, medical practice manager and supervisor of all medical staff at Beto did retaliate against me, because of my litigation herein, by obstructing my ongoing health care in that she gave orders to all nursing staff as well as all medical providers to not have anything at all to do with me and not even talk to me which is deliberately indifferent to my serious healthcare needs as well as she obstructed my ongoing litigation herein by cancelling an appointment to see a specialist of Urology in Galveston Hospital that would have proven my allegations against provider Onwuchekwa and made my claim viable and she tried to hide facts and further jeopardize my healthcare and this litigation, and my existing severe medical conditions and future doctor's appointments. This violates my 8th and 14th amendment rights to the U.S. Constitution and is discrimination under the ADA.

Then, on or about 8-2-24, nurse Dorety of the Beto Medical Department gave orders to a sergeant of security at about 8:30 P.M. to come to my living area and confiscate a walker that was specialized for my disability needs without any doctor's orders. This Rollator type walker was prescribed to me by my orthopedic specialist in the freeworld, in 2015, 2 years before I came to prison this time and was brought into TDCJ thru the intake unit at Garza West in Beeville, Texas, in December 2017. But Dorety gave me an old ragged unspecialized walker that does not meet the requirements of my serious special needs and disabilities, as I am an American with Disabilities and was collecting 100% disability before coming to prison, and Nurse Dorety did have my specialty walker taken out of retaliation for me filing grievances against provider Onwuchekwa which were wrote in preparation of filing this suit in federal court against provider Onwuchekwa. And because I no longer have this specialized walker I have fell on two occasions and hurt my knees and further injured my lower back because I have a 50 yard walk limited restriction from medical that I have had for years and everywhere I have to go on this unit is 200 plus yards distance and I no longer have a walker with a seat attached to it that I can stop, sit and rest on for me serious COPD and arthritis which is in my hips and knees. The walker Dorety gave me won't support my disabilities and she knew this but is deliberately indifferent to caring about my health. She violated my 8th and 14th amendment rights to the U.S. Constitution and discriminated against me under the American's with Disabilities Act and show hatred and cruel and unusual punishment. I also suffer from 2nd stages of Parkinson's Disease and I have a very hard time walking when it flairs up.

VI.

RELIEF REQUESTED:

Issue a declaratory judgement stating that:  
The acts of these defendants herein, violated the plaintiff's  
rights under the 8th and 14th amendment of the United States  
Constitution

Issue an injunction ordering the Texas Dept. of Criminal Justice  
to:

1. Immediately Transfer plaintiff to a facility better equipped  
to address his medical needs and disabilities.

Award compensatory damages in the following amounts:

1. \$5,000 jointly and severally against defendants herein,  
mentioned in this suit for denial of emergency medical care  
that resulted in injuries, pain and suffering and destruction  
of ongoing litigation concerning this law suit and it's grievances.

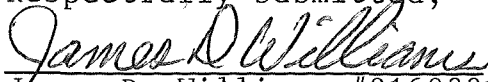
Award Punitive damages in the following amount:

\$10,000 each from each of the defendants mentioned in this law  
suit

Pay Filing fees and all legal expenses

Grant such other relief as it may appear plaintiff is entitled

Respectfully Submitted,

  
James D. Williams #2168331

8-18-24

4-C

- C. Has any court ever warned or notified you that sanctions could be imposed? YES ~~XXX~~ NO
- D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)
1. Court that issued warning (if federal, give the district and division): \_\_\_\_\_
  2. Case number: \_\_\_\_\_
  3. Approximate date warning was issued: \_\_\_\_\_

Executed on: 8-18-24  
DATE

James D. Williams  
James Williams  
(Signature of Plaintiff)

### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 18<sup>th</sup> day of August, 20 24.  
(Day) (month) (year)

James D. Williams  
James D. Williams  
(Signature of Plaintiff)

**WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.**